

BML506496

Laboratory Investigation Report

Name	: Mr. RADHA KRISHNA	Ref No.	:
DOB	: 07/08/1979	Sample No.	: 2412518846
Age / Gender	: 45 Y / Male	Collected	: 27/12/2024 13:33
Referred by	: DR. HUMAIRA MUMTAZ	Registered	: 28/12/2024 18:44
Centre	: CITICARE MEDICAL CENTER	Reported	: 28/12/2024 21:45

BIOCHEMISTRY

Test	Result	Flag	Unit	Reference Range	Methodology
URIC ACID (SERUM)	5.1		mg/dL	3.4 - 7.0 Please note change. Source: Roche IFU.	Enzymatic colorimetric assay
CREATININE (SERUM)	0.81		mg/dL	0.74 - 1.35	Kinetic colorimetric assay based on Jaffe method

INTERPRETATION NOTES :

1. Creatinine measurements are used as an aid in diagnosis and monitoring of renal disorders, Chronic Kidney disease (CKD) and in monitoring of renal dialysis and also used for the calculation of the fractional excretion of other urine analytes (e. g., albumin, α -amylase).
2. Creatinine is a break-down product of creatine phosphate in muscle, and is produced at a fairly constant rate by the body (depending on muscle mass). It is freely filtered by the glomeruli and, under normal conditions, is not reabsorbed by the tubules to any appreciable extent. A small but significant amount is also actively secreted. Its concentration is thus, inversely related to glomerular filtration rate (GFR).
3. Physiological factors affecting serum creatinine concentration include age, gender, race, muscularity, exercise, pregnancy, certain drugs, diet, dehydration and nutritional status.
4. Low serum Creatinine levels is seen in cases of low muscle mass like muscular atrophy, or aging.
5. High serum creatinine levels is seen in Acute and Chronic kidney disease, obstruction.
6. Since a rise in blood creatinine is observed only with marked damage of the nephrons, it is not suited to detect early stage kidney disease.

Sample Type : Serum

End of Report

Dr. Adley Mark Fernandes
M.D (Pathology)
Pathologist

Gyoma V. Shah
Dr. Vyoma V Shah
M.D (Pathology)
Clinical Pathologist

Harshad Manikandan
HARSHAD MANIKANDAN
Laboratory Technician

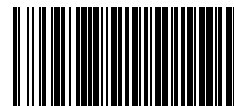
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Page 1 of 4

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Test	Result	Flag	Unit	Reference Range	Methodology
GLUCOSE (RANDOM)	101		mg/dL	< 200 Please note change. Source: The American Diabetes Association (ADA)	Hexokinase

Sample Type : Fluoride Plasma

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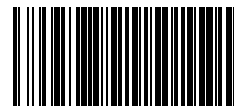
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Page 2 of 4

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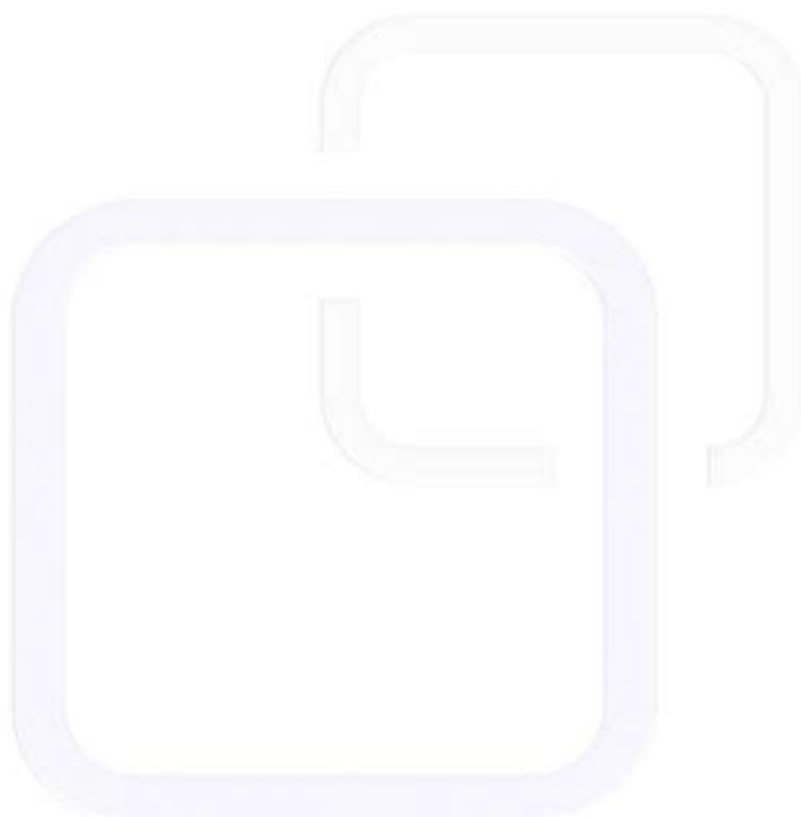


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Test	Result	Flag	Unit	Reference Range	Methodology
UREA (SERUM)	28		mg/dL	12.86 - 42.86 Please note change. Source: Roche IFU	Kinetic test with urease and glutamate dehydrogenase



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Test	Result	Flag	Unit	Reference Range	Methodology
LIPID PROFILE TEST					
CHOLESTEROL (TOTAL)	227	H	mg/dl	Desirable: < 200 Borderline High: 200 - 239 High: = 240 Please note change. Source: Roche IFU.	Enzymatic colorimetric assay
HDL CHOLESTEROL	44		mg/dl	40 - 60 Please note change. Source: Roche IFU.	Homogeneous enzymatic colorimetric assay
LDL CHOLESTEROL DIRECT	151	H	mg/dl	Optimal: < 100 Near/Above Optimal: 100 - 129 Borderline High: 130 - 159 High: 160 - 189 Very High: = 190 Please note change. Source: Roche IFU.	Homogeneous enzymatic colorimetric assay
VLDL CHOLESTEROL	51	H	mg/dL	< 30	Calculation
NON-HDL CHOLESTEROL	202	H	mg/dL	< 140	Calculation
TRIGLYCERIDES	254	H	mg/dl	Normal: < 150 Borderline High: 150 - 199 High: 200 - 499 Very High: > 500 Source: Roche IFU.	Enzymatic colorimetric assay
TOTAL CHOLESTEROL / HDL RATIO	5.2	H		< 4.5	Calculation
LDL / HDL RATIO	3.4			< 3.5	Calculation

Sample Type : Serum

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